

2017 Monitoring Update:

1. Universal Standards (eligibility, payer of last resort, etc.) will be removed from all of the DSHS SOC

DSHS is working with Germane and Charles Henley to provide the first round draft of the Universal Standards to present during the DSHS Service Standards Workgroup. Universal Standards will be drafted in compliance with all HRSA program requirements and will detail the indicator, numerator, denominator, and documentation necessary to show evidence of compliance. Universal Standards will be written as one document and the Universal Standards monitoring tool will be created/written for use in monitoring or piloting for 2017 onsite monitoring reviews.

2. Germane Monitoring

Site visits will take place at each of the respective individual direct service care provider locations in coordination with DSHS, the respective AA, and the individual direct service care provider. Monitoring will be for:

- Outpatient Ambulatory Medical Care (indicators at or below 50% from the 2016 baseline),
- Oral Health,
- Medical Transportation,
- Early Intervention Services,
- Referral for Healthcare,
- *PLUS* the Universal Standards

DSHS/Germane will not be monitoring for Medical/Non-Medical Case Management (CM) or Mental Health. It is up to the AA if the AA wants to monitor these two service categories. TA for CM is just starting, so CM will not be monitored again until 2018. DSHS recommends the AAs monitor Mental Health for indicators at or below 50%, but it is not a requirement. The HRSA monitoring requirements will be met through monitoring for universal standard compliance that encompass all service categories.

3. Germane Scheduling of Mandatory Provider Workshops for each AA

Germane, with the assistance of the DSHS HIV Care Group team, will coordinate scheduling of seven (7) mandatory Provider Workshops. These Provider Workshops will be held one each at each respective AA. Germane will work with each AA to ensure all individual direct service care providers are available to attend the Workshop or via webinar as appropriate for areas with vast service regions. The Workshop will include a PowerPoint presentation inclusive of the following topics: an introduction of DSHS and Germane staff; an overview of the program/quality monitoring activities; and an overview of the DSHS-approved service category monitoring tools to be utilized. These Provider Workshops will be held at the respective AA offices and facilitated by the AA program staff and Germane staff, or through webinar if preferred by the AA.

4. Onsite Monitoring Schedule

Scheduling for the individual direct service care provider onsite chart monitoring will be coordinated with DSHS and the respective AA. Germane will provide proposed selected dates to conduct each individual direct service care provider onsite monitoring and will work with the providers, the AA, and DSHS to ensure all entities comply with the DSHS monitoring project.

5. TA on Other Service Categories/Standards at the Time of Onsite Monitoring

Germane's team with the involvement of DSHS Care Services consultants will oversee the AA staff in conducting monitoring for the remaining service categories (those NOT being reviewed specifically by the Germane team) for benchmarking.

Germane will teach/mentor all AA staff and DSHS staff who conduct monitoring in conducting the monitoring reviews for benchmarking of the additional services utilizing best practice methodologies for conducting fast, effective monitoring.

Important: Because Germane's scope of work includes working with the AA monitors to train them on the monitoring tools and chart review for the remaining service categories/standards, DSHS requires that AA monitors attend the onsite reviews and conduct the monitoring for the other service categories. Even if the AA contracts out for monitoring, a representative from the AA should attend the onsite reviews and participate in the training so that they can be familiar with the standards, chart reviews, and tools.

AAs must utilize the DSHS Monitoring Tools for 2017 and submit the monitoring results on the DSHS tools (in Excel) to the Care Services Group by the deadline (see #6 below) so that the results can be exported into the comprehensive database.

Sample size must be calculated by individual service category and client sample lists (by service category) must be completed and randomized utilizing the 80% confidence level with a +/-8% confidence interval. The sample size will be pulled by the DSHS ARIES data team and made available to the AA.

Example of a good sample size calculator: <http://www.macorr.com/sample-size-calculator.htm>

6. Germane will incorporate the AA monitoring results into the final individual provider reports and all aggregate reports. AAs will be provided a timeline to submit their respective results to ensure timeliness of reporting by the Germane team. Reports to individual providers will continue to be presented within 30 business days of their respective site reviews.

Germane will conduct reviews in conjunction with DSHS of all OAMC provider Corrective Action Plans to assist in improving items that are still scoring below 50%.

7. Germane will develop a monitoring client sample for all service categories on a 12-month rotating basis with the end month occurring one month prior to the scheduled review. Example: Provider A has been scheduled for review August 2017, the client sample period will be August 1, 2016 to July 31, 2017. Client sample lists will be randomized for the entire unduplicated client population by service provider for the Universal Standards review. Client sample lists for each service category indicated above, will be completed and randomized utilizing the 80% confidence level with a +/-8% confidence interval.